



# COMMONWEALTH OF VIRGINIA

## Board of Long-Term Care Administrators

Department of Health Professions  
Perimeter Center  
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Henrico, Virginia 23233-1463

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### Nursing Home Administrator-In-Training Notice of Change of Status or Discontinuance

#### 1. PERSONAL INFORMATION (Please Print or Type) Provide Legal Full Name of AIT

First Name	Middle Name and Maiden Name	Last Name and Suffix
Phone Number	Mobile Phone Number	E-mail Address
Training Facility Name		Training Facility Phone Number
Preceptor's Name		Preceptor Contact Phone Number

#### 2. CHANGE REQUEST (Check all that apply)

<input type="checkbox"/> <b>*Change of Preceptor</b> From _____ Lic # _____  To: _____ Lic.# _____ <b>List new facility, address and telephone number below:</b>	<b>Effective Date</b> _____
<input type="checkbox"/> <b>Discontinuance of Administrator-in-Training Program</b>	<b>Effective Date</b> _____
<input type="checkbox"/> <b>Program Extension</b>	<b>How many months</b> _____
<input type="checkbox"/> <b>Withdrawal as certified Preceptor from AIT Program</b>	<b>Effective Date</b> _____
<input type="checkbox"/> <b>Other (specify and document)</b>	<b>Effective Date</b> _____

#### REASONS AND COMMENTS:

#### ADMINISTRATOR-IN-TRAINING

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator-in-Training

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preceptor

**\* REVISED DOMAINS OF PRACTICE FORM REQUIRED**